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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/234,290 04/28/1994 PAT 5,897,316 *gm*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE gm*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 69	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>gm</i> Initials <i>gm</i>				

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## TITLE

Endodontic treatment system

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